

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of Mississippi

Ted Doukas

Plaintiff

v.

United States of America

Defendant

Civil Action No. 4:10cv98TSL-LRA

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* UNITED STATES OF AMERICA, by service upon:

U. S. Attorney Don Burkhalter
Southern District of Mississippi
188 E. Capitol Street, Suite 500
Jackson, MS 39201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

John W. Crowell, Esq.
Nichols, Crowell, Gillis, Cooper & Amos, PLLC
710 Main Street, Third Floor
Post Office Box 1827
Columbus, MS 39703-1827
662-243-7308

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: JUN 09 2010


Signature of Clerk or Deputy Clerk

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Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* United States of America
 was received by me on *(date)* June 10, 2010

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Civil Process Clerk, who is
 designated by law to accept service of process on behalf of *(name of organization)* U. S. Attorney Don
Burkhalter (United States of America) on *(date)* June 11, 2010 ; or

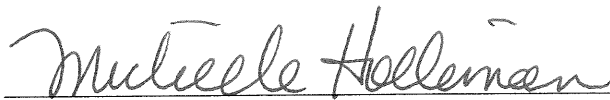
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*:

My fees are \$ 0.00 for travel and \$ 6.83 for services, for a total of \$ ~~6.83~~ 6.83

I declare under penalty of perjury that this information is true.

Date: June 14, 2010



Server's signature

Michelle Holliman, Legal Assistant

Printed name and title

Post Office Box 1827, Columbus, MS 39703

Server's address

Additional information regarding attempted service, etc:

Service made by certified mail. See attached return receipt.

7000 0520 0016 7881 0395

U.S. Postal Service		MNH #29,637-001	
CERTIFIED MAIL RECEIPT			
(Domestic Mail Only; No Insurance Coverage Provided)			
Attn: Al Jernigan, Asst. U. S. Attorney			
Postage	\$1.73		
Certified Fee	2.00		
Return Receipt Fee (Endorsement Required)	2.30		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$6.03		
Recipient's Name (Please Print Clearly) (To be completed by mailer) Civil Process Clerk Street, Apt. No.; or PO Box No. 188 East Capitol Street, Ste. 500 City, State, ZIP+4 Jackson, MS 39201 PS Form 3800, February 2000 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Civil Process Clerk
 Attn: Al Jernigan, Asst.
 U. S. Attorney
 188 East Capitol Street,
 Suite 500
 Jackson, MS 39201

2. Article Number

(Transfer from service label)

7000 0520 0016 7881 0395

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Renee Andea

C. Date of Delivery

6/11/10

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540